# STATEMENT OF RELATED CASES INFORMATION REQUIRED BY LBR 1015-2 UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA

1. A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, his/her spouse, his or her current or former domestic partner, an affiliate of the debtor, any copartnership or joint venture of which debtor is or formerly was a general or limited partner, or member, or any corporation of which the debtor is a director, officer, or person in control, as follows: (Set forth the complete number and title of each such of prior proceeding, date filed, nature thereof, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

#### None

2. (If petitioner is a partnership or joint venture) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor or an affiliate of the debtor, or a general partner in the debtor, a relative of the general partner, general partner of, or person in control of the debtor, partnership in which the debtor is a general partner, general partner of the debtor, or person in control of the debtor as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of the proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

#### None

3. (If petitioner is a corporation) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, or any of its affiliates or subsidiaries, a director of the debtor, an officer of the debtor, a person in control of the debtor, a partnership in which the debtor is general partner, a general partner of the debtor, a relative of the general partner, director, officer, or person in control of the debtor, or any persons, firms or corporations owning 20% or more of its voting stock as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

#### None

4. (If petitioner is an individual) A petition under the Bankruptcy Reform Act of 1978, including amendments thereof, has been filed by or against the debtor within the last 180 days: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

#### None

I declare, under penalty of perjury, that the foregoing is true and correct.

Executed at Los Alamitos, Ca , California.

Date: October 17, 2024

Signature of Debtor 2

### STATEMENT OF RELATED CASES INFORMATION REQUIRED BY LBR 1015-2 UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA

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None

2. (If petitioner is a partnership or joint venture) A petition under the Bankrupicy Act of 1896 or the Bankrupicy Reform Act of 1978 has previously been filed by or against the debtor or an affiliate of the debtor, or a general partner in the debtor, a relative of the general partner, general partner of, or person in control of the debtor, partnership in which the debtor is a general partner, general partner of the debtor, or person in control of the debtor as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of the proceeding, the Bankrupicy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate, Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

None

3. (If petitioner is a corporation) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, or any of its affiliates or subsidiaries, a director of the debtor, an officer of the debtor, a person in control of the debtor, a person in control of the debtor, a general partner of the debtor, a relative of the general partner, director, officer, or person in control of the debtor, or any persons, firms or corporations owning 20% or more of its voting stock as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

Hone

4. (If petitioner is an individual) A petition under the Bankruptcy Reform Act of 1978, including amendments thereof, has been filed by or against the debtor within the last 180 days: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)
None

l declare, und	er penalty of perjury, that	the foregoing is true and correc	· Vir as.
Executed at	Loi Abenillee Ca	, California.	Krestona Prise
Date:	October 3, 2024		Kristina Lynn Smith Signature of Debtor 1
			Signature of Debtor 2

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Fill in this infor	mation to identify your	case:	.,	
Debtor 1	Kristina Lynn Sm	ith		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	CENTRAL DISTRICT C	F CALIFORNIA	
Case number	8:24-bk-12527			
(if known)				☐ Check if this is a
				amended filing

#### Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

rai	t 1: Summarize Your Assets		
			assets e of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	5,604,826.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	690,772.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	6,295,598.00
Par	t 2: Summarize Your Liabilities		
			liabilities unt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	897,508.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	471,037.00
	Your total liabilities	\$	1,368,545.00
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,600.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,500.00
Par	t 4: Answer These Questions for Administrative and Statistical Records		
5.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with yo	ur other	schedules.
7.	■ Yes What kind of debt do you have?		

the court with your other schedules.

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

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Debtor 1 Kristina Lynn Smith Case number (if known) 8:24-bk-12527

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.	\$	2,600.00
		1 -	

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

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		N	<u>1ain</u> [	Document Page 5 of 64		
Fill in this info	rmation to identi	y your case and th	nis filin			
Debtor 1	Kristina Ly	nn Smith				
	First Name		Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	M:dala	Name	Last Name		
-						
United States B	Bankruptcy Court fo	or the: CENTRAL	DISTRI	CT OF CALIFORNIA		
Case number	8:24-bk-12527					☐ Check if this is an amended filing
Schedu In each category, It fits best. Be as	complete and accur	roperty describe items. List a rate as possible. If tw	o marrie	only once. If an asset fits in more than one of the decidence of the decid	y responsible for supplying	g correct information. If
1. <b>Do you own or</b>	have any legal or ed			Estate You Own or Have an Interest In nce, building, land, or similar property?		
	27591 Kathy Ct Street address, if available, or other description		What	is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative	Do not deduct secured cl amount of any secured c Creditors Who Have Cla	
Laguna I	Niguel CA	92677-0000 ZIP Code		Land	Current value of the entire property? \$1,924,800.00	Current value of the portion you own? \$1,924,800.00
City	y State ZIP Code			Timeshare Other	Describe the nature of your ownership in (such as fee simple, tenancy by the entir	
			Who	has an interest in the property? Check one  Debtor 1 only	a life estate), if known.	
Orange			_	Debtor 2 only		
County				•		
				Dobtor : and Dobtor 2 only	Check if this is cor	nmunity property
			Othe	r information you wish to add about this itenerty identification number:	(,	

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Debtor 1 Case number (if known) 8:24-bk-12527 Kristina Lynn Smith If you own or have more than one, list here: 1.2 What is the property? Check all that apply 1010 Moffatt Single-family home Do not deduct secured claims or exemptions. Put the Street address, if available, or other description amount of any secured claims on Schedule D: Duplex or multi-unit building Creditors Who Have Claims Secured by Property. Condominium or cooperative ■ Manufactured or mobile home Current value of the Current value of the Rialto CA 92377-0000 ☐ Land entire property? portion you own? Investment property \$516,258.00 \$516,258.00 City State ZIP Code ☐ Timeshare Describe the nature of your ownership interest □ Other (such as fee simple, tenancy by the entireties, or a life estate), if known. Who has an interest in the property? Check one Debtor 1 only San Bernardino ☐ Debtor 2 only County Debtor 1 and Debtor 2 only Check if this is community property At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local property identification number: If you own or have more than one, list here: 1.3 What is the property? Check all that apply 4343 Alamitos St Single-family home Do not deduct secured claims or exemptions. Put the Street address, if available, or other description amount of any secured claims on Schedule D: Duplex or multi-unit building Creditors Who Have Claims Secured by Property. Condominium or cooperative ■ Manufactured or mobile home Current value of the Current value of the Montclair CA 91763-0000 Land entire property? portion you own? \$648,500.00 \$648,500.00 Investment property City State ZIP Code Timeshare Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. Who has an interest in the property? Check one Debtor 1 only San Bernardino ☐ Debtor 2 only County Debtor 1 and Debtor 2 only Check if this is community property At least one of the debtors and another Other information you wish to add about this item, such as local property identification number:

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Debtor 1 Case number (if known) 8:24-bk-12527 Kristina Lynn Smith If you own or have more than one, list here: 1.4 What is the property? Check all that apply 739 W H St Single-family home Do not deduct secured claims or exemptions. Put the Street address, if available, or other description amount of any secured claims on Schedule D: Duplex or multi-unit building Creditors Who Have Claims Secured by Property. Condominium or cooperative ■ Manufactured or mobile home Current value of the Current value of the Ontario CA 91762-0000 ☐ Land entire property? portion you own? \$558,571.00 Investment property \$558,571.00 City State ZIP Code ☐ Timeshare Describe the nature of your ownership interest □ Other (such as fee simple, tenancy by the entireties, or a life estate), if known. Who has an interest in the property? Check one Debtor 1 only San Bernardino ☐ Debtor 2 only County Debtor 1 and Debtor 2 only Check if this is community property At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local property identification number: If you own or have more than one, list here: 1.5 What is the property? Check all that apply 14227 Weeping Ln Single-family home Do not deduct secured claims or exemptions. Put the Street address, if available, or other description amount of any secured claims on Schedule D: Duplex or multi-unit building Creditors Who Have Claims Secured by Property. Condominium or cooperative ■ Manufactured or mobile home Current value of the Current value of the **Fontana** CA 92337-0000 Land entire property? portion you own? \$437,691.00 \$437,691.00 Investment property City State ZIP Code Timeshare Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. Who has an interest in the property? Check one Debtor 1 only San Bernardino ☐ Debtor 2 only County Debtor 1 and Debtor 2 only Check if this is community property At least one of the debtors and another Other information you wish to add about this item, such as local property identification number:

Official Form 106A/B Schedule A/B: Property page 3

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Debtor 1 Case number (if known) 8:24-bk-12527 Kristina Lynn Smith If you own or have more than one, list here: 1.6 What is the property? Check all that apply 7013 Ramona Single-family home Do not deduct secured claims or exemptions. Put the Street address, if available, or other description amount of any secured claims on Schedule D: Duplex or multi-unit building Creditors Who Have Claims Secured by Property. Condominium or cooperative ■ Manufactured or mobile home Rancho Current value of the Current value of the Cucamonga CA 91701-0000 ☐ Land entire property? portion you own? \$651,811.00 Investment property \$651,811.00 City ZIP Code State ☐ Timeshare Describe the nature of your ownership interest □ Other (such as fee simple, tenancy by the entireties, or a life estate), if known. Who has an interest in the property? Check one Debtor 1 only San Bernardino ☐ Debtor 2 only County Debtor 1 and Debtor 2 only Check if this is community property At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local property identification number: If you own or have more than one, list here: 1.7 What is the property? Check all that apply 3588 N Lugo Single-family home Do not deduct secured claims or exemptions. Put the Street address, if available, or other description amount of any secured claims on Schedule D: Duplex or multi-unit building Creditors Who Have Claims Secured by Property. Condominium or cooperative ■ Manufactured or mobile home Current value of the Current value of the San Bernardino CA 92404-0000 Land entire property? portion you own? \$356,937.00 \$356,937.00 Investment property City State ZIP Code Timeshare Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. Who has an interest in the property? Check one Debtor 1 only San Bernardino ☐ Debtor 2 only County Debtor 1 and Debtor 2 only Check if this is community property At least one of the debtors and another Other information you wish to add about this item, such as local property identification number:

Deb	or 1 <b>K</b>	ristina Lyr	nn Smit	th		Ca	se number (if known)	8:24	-bk-12527
1.8	If you o	wn or have	e more	than one, lis		t in the property? Cheek all that anniv			
1.0	137 Sou	th Terrace	•		VVIIa	t is the property? Check all that apply  Single-family home	Do not doduct cook	used elec	ma ar avamations. Dut the
	Street address, if available, or other description			scription		Duplex or multi-unit building	amount of any secu	ured clai	ms or exemptions. Put the ims on <i>Schedule D:</i>
						Condominium or cooperative	Creditors Who Hav	re Claim	s Secured by Property.
						_			
	O D		0.4	00440 000	<u> </u>		Current value of the	he	Current value of the
	San Ber	nardino	CA	92410-000			entire property?		portion you own?
	City		State	ZIP Code		Investment property	\$510,258		\$510,258.00
									our ownership interest
					· <u></u>	has an interest in the property? Check one	a life estate), if kn		ncy by the entireties, or
						Debtor 1 only			
	San Ber	nardino			□	Debtor 2 only			
	County						☐ Check if this	is com	nunity property
							(see instructions	<b>s</b> )	
						r information you wish to add about this ite erty identification number:	em, such as local		
						your entries from Part 1, including a			\$5,604,826.00
ı	ages you	ı have attac	hed for	Part 1. Write	hat numb	er here	=>		\$5,004,626.00
	_								
	ars, vans, No Yes	trucks, trac	ctors, sį	oort utility veh	icles, mot	orcycles			
3.1	Make:	Lexus			Who has a	an interest in the property? Check one			ims or exemptions. Put
5.1	Model:	570			■ Debtor				d claims on Schedule D: ns Secured by Property.
	Year:	2010			☐ Debtor		Current value of t		Current value of the
	Approxim	nate mileage:		100000		1 and Debtor 2 only	entire property?	116	portion you own?
	Other info	ormation:			☐ At least	t one of the debtors and another			
						if this is community property tructions)	\$18,032	2.00	\$18,032.00
Ex □ □ 5 A .p	nmples: B No Yes  dd the do ages you  Descrit	oats, trailers  ollar value o  have attach	f the poned for I	s, personal wat ortion you owr Part 2. Write the	ercraft, fish  for all of  nat numbe	reational vehicles, other vehicles, an ing vessels, snowmobiles, motorcycle and your entries from Part 2, including an in here	accessories ny entries for		\$18,032.00
- ,			J J.			3		р	ortion you own?
									Oo not deduct secured laims or exemptions.

Case 8:24-bk-12527-TA Doc 9 Filed 10/17/24 Entered 10/17/24 11:31:02 Main Document Page 10 of 64 Debtor 1 Kristina Lynn Smith Case number (if known) 8:24-bk-12527 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe..... bedoom furnishings, living room furnishings, dining room \$2,000.00 furnishings, washer, dyer, firdge 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games Yes. Describe..... 4 Tvs, lap top computer, 3 cell phone \$500.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No

	☐ Yes. Describe
9.	Equipment for sports and hobbies  Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments  No
	□ Yes. Describe
10	Firearms  Examples: Pistols, rifles, shotguns, ammunition, and related equipment  □ No  ■ Yes. Describe
	hang gun \$300.0
11	Clothes  Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories  □ No

00 Yes. Describe..... \$350.00 everyday wear 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses □ No ■ Yes. Describe..... \$100.00 1 dog 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information.....

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De	btor 1	Kristina Lynn S	Smith		Case number (if known)	8:24-bk-12527
15.				Part 3, including any entries for page	es you have attached	\$3,250.00
Par	t 4: De	scribe Your Financial	Assets			
				in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	No			nome, in a safe deposit box, and on han	d when you file your petit	ion
				counts; certificates of deposit; shares in its with the same institution, list each.	credit unions, brokerage	houses, and other similar
	_			Institution name:		
			17.1. Checking	Bank of america		\$90.00
       	Examp  No  Yes  Non-pu  and jo  No	oles: Bond funds, inv	Institution or issue	porated and unincorporated business	ses, including an intere	st in an LLC, partnership,
			Name of entity:	ontal	% of ownership: <b>50</b> %	00.00
			Gomez Property R	entai	%	\$0.00
       	Negoti Non-ne No No Yes. Retirer Examp	iable instruments inc egotiable instrument Give specific inform ment or pension ac	lude personal checks, cas are those you cannot to ation about them Issuer name:  counts , ERISA, Keogh, 401(k),	gotiable and non-negotiable instrume ashiers' checks, promissory notes, and is ransfer to someone by signing or deliver the someone by signing or deliver the someone by signing or deliver the someone by signing or deliver	money orders. ring them.	g plans
			Type of account:	Institution name:		
	Your s Examp ■ No	ty deposits and pre hare of all unused d oles: Agreements wi	eposits you have made s	Thirft Saving  so that you may continue service or use t, public utilities (electric, gas, water), tel		\$2,000.00
				Institution name or individual:		
	Annuit ■ No □ Yes		periodic payment of mor r name and description.	ney to you, either for life or for a number	r ot years)	

Official Form 106A/B Schedule A/B: Property page 7

☐ Yes.....

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#### 30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

Seperation settlement arrears

medical order

settlement

arrears

\$450,000.00

Seperation

□ No

Yes. Give specific information..

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Debtor 1 Case number (if known) 8:24-bk-12527 Kristina Lynn Smith \$185,000.00 Attorney Fee award \$7,500.00 Judgement vs Jeffery Gomez 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$669,490.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No ☐ Yes. Give specific information.......

\$0.00

54. Add the dollar value of all of your entries from Part 7. Write that number here ......

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Debtor 1 **Kristina Lynn Smith** Case number (if known) 8:24-bk-12527 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$5,604,826.00 Part 2: Total vehicles, line 5 56. \$18,032.00 Part 3: Total personal and household items, line 15 57. \$3,250.00 58. Part 4: Total financial assets, line 36 \$669,490.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 61. Total personal property. Add lines 56 through 61... \$690,772.00 Copy personal property total \$690,772.00

\$6,295,598.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

Official Form 106A/B Schedule A/B: Property page 10

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Fill in this information to identify your case:						
Debtor 1	Kristina Lynn Sm	ith				
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		CENTRAL DISTRICT O	F CALIFORNIA			
Case number	8:24-bk-12527					
(if known)					Check if this is an amended filing	

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify	the Pro	perty You	Claim a	ıs Exemi	ρt
---------	----------	---------	-----------	---------	----------	----

1.	Which set of exemptions are	you claiming? Check one	e only, even if your s	spouse is filing with you.
١.	Willeli Set Of excliptions are	You claiming: Check one	Olliy, Evell II your s	Spouse is illing with yo

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
27591 Kathy Ct Laguna Niguel, CA 92677 Orange County	\$1,924,800.00		\$31,950.00	C.C.P. § 703.140(b)(1)
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
2010 Lexus 570 100000 miles Line from Schedule A/B: 3.1	\$18,032.00		\$7,500.00	C.C.P. § 703.140(b)(2)
Line nom <i>Schedule A/B.</i> 3.1			100% of fair market value, up to any applicable statutory limit	
2010 Lexus 570 100000 miles	\$18,032.00		\$1,400.00	C.C.P. § 703.140(b)(5)
Ellie Holli Genedale PAB. 3.1			100% of fair market value, up to any applicable statutory limit	
bedoom furnishings, living room furnishings, dining room	\$2,000.00		\$2,000.00	C.C.P. § 703.140(b)(3)
furnishings, washer, dyer, firdge Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
4 Tvs, lap top computer, 3 cell phone,	\$500.00		\$500.00	C.C.P. § 703.140(b)(3)
Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	

or 1 Kristina Lynn Smith			Case number (if known)	8:24-bk-12527
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	unt of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Chec	k only one box for each exemption.	
hang gun Line from <i>Schedule A/B</i> : <b>10.1</b>	\$300.00		\$300.00	C.C.P. § 703.140(b)(5)
			100% of fair market value, up to any applicable statutory limit	
everyday wear Line from <i>Schedule A/B</i> : <b>11.1</b>	\$350.00	•	\$350.00	C.C.P. § 703.140(b)(3)
			100% of fair market value, up to any applicable statutory limit	
1 dog Line from Schedule A/B: 13.1	\$100.00		\$100.00	C.C.P. § 703.140(b)(3)
Elle Holli Golledale / V.B. 1911			100% of fair market value, up to any applicable statutory limit	
Retirement: Thirft Saving Line from Schedule A/B: 21.1	\$2,000.00		\$2,000.00	C.C.P. § 703.140(b)(10)(E)
			100% of fair market value, up to any applicable statutory limit	
Child Support: Child Support ine from Schedule A/B: 29.1	\$2,100.00		\$2,100.00	C.C.P. § 703.140(b)(10)(D)
io nome concease / v B. zer .			100% of fair market value, up to any applicable statutory limit	
Seperation Settlement: Seperation Settlement	\$4,000.00	•	\$4,000.00	C.C.P. § 703.140(b)(10)(D)
Line from Schedule A/B: 29.2			100% of fair market value, up to any applicable statutory limit	
extracurricular order: extracurricular	\$17,000.00		\$17,000.00	C.C.P. § 703.140(b)(10)(D)
Line from Schedule A/B: 29.3			100% of fair market value, up to any applicable statutory limit	
unreimbursed medical order: unreimbursed medical order	\$1,800.00	•	\$1,800.00	C.C.P. § 703.140(b)(10)(D)
ine from Schedule A/B: 29.4			100% of fair market value, up to any applicable statutory limit	
Seperation settlement arrears: Seperation settlement arrears	\$450,000.00		\$450,000.00	C.C.P. § 703.140(b)(10)(D)
ine from Schedule A/B: 29.5			100% of fair market value, up to any applicable statutory limit	
Attorney Fee award Line from Schedule A/B: 30.1	\$185,000.00		\$185,000.00	C.C.P. § 703.140(b)(11)(B)
			100% of fair market value, up to any applicable statutory limit	
Judgement vs Jeffery Gomez _ine from Schedule A/B; 30.2	\$7,500.00	•	\$7,500.00	C.C.P. § 703.140(b)(11)(B)
LING HOTH CONTOUNIO TV D. VVIE			100% of fair market value, up to any applicable statutory limit	

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De	btor 1	Kristina Lynn Smith	Case number (if known)	8:24-bk-12527
3.	•	ou claiming a homestead exemption of more than \$189,050? ect to adjustment on 4/01/25 and every 3 years after that for cases filed on or	r after the date of adjustment.	
		No		
		Yes. Did you acquire the property covered by the exemption within 1,215 day	s before you filed this case?	
		□ No		
		☐ Yes		

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			Main Document	Page 1	<u>.8 of 64</u>		
Fill	in this info	ormation to identify you	r case:				
Deb	tor 1	Kristina Lynn Sr	nith				
- 0.0		First Name		ast Name			
Deb	tor 2						
(Spot	use if, filing)	First Name	Middle Name La	ast Name			
Unit	ed States I	Sankruptcy Court for the:	CENTRAL DISTRICT OF CALIFOR	RNIA			
Cas	e number	8:24-bk-12527					
(if known)							if this is an
						ameno	ded filing
~ · · ·		400D					
Off	<u>icial Fo</u>	<u>rm 106D</u>					
Sc	hedule	e D: Creditors	Who Have Claims Se	cured	by Propert	У	12/15
	1 . 4		· · · · · · · · · · · · · · · · · · ·				
			two married people are filing together, be number the entries, and attach it to this for				
know	n).	•	·				•
1. Do	any credito	rs have claims secured by	your property?				
	□ No. Che	eck this box and submit th	nis form to the court with your other sch	hedules. Yo	u have nothing else	to report on this form.	
	Yes Fil	I in all of the information	helow		· ·	•	
			bolow.				
Part	List	All Secured Claims			Column A	Column B	Column C
			ore than one secured claim, list the creditors articular claim, list the other creditors in Part 2		Amount of claim	Value of collateral	Unsecured
		•	er according to the creditor's name.	Z. AS IIIUCII	Do not deduct the value of collateral.	that supports this	portion If any
	Seabree	eze Property			value of collateral.		
2.1	Manage		Describe the property that secures the c	laim:	\$3,222.00	\$1,924,800.00	\$0.00
	Creditor's Na	ame	27591 Kathy Ct Laguna Niguel,	CA			
			92677 Orange County				
	DO D	00700	As of the date you file, the claim is: Check	k all that			
	PO Box		apply.				
		ejo, CA 92656	Contingent				
	Number, Str	eet, City, State & Zip Code	☐ Unliquidated				
Who	owes the	debt? Check one.	☐ Disputed  Nature of lien. Check all that apply.				
_			☐ An agreement you made (such as morto	nage or secur	ad		
_	ebtor 1 only		car loan)	gage or securi	<del>o</del> u		
	ebtor 2 only		Ctatutan lian (auch as tay lian	iala lian)			
_		Debtor 2 only of the debtors and another	☐ Statutory lien (such as tax lien, mechani☐ Judgment lien from a lawsuit	ics lien)			
_			_	<b>λ</b>			
	neck if this community	claim relates to a debt	Other (including a right to offset)	<i>-</i>			

Date debt was incurred

Last 4 digits of account number

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Debtor 1 Kristina Lynn Smith		Ca	ase number (if known)	8:24-bk-12527	
First Name Middle N	lame Last Name				
2.2 The Neshanian Law Firm	Describe the property that secures the	claim:	\$92,000.00	\$1,924,800.00	\$0.00
Creditor's Name	27591 Kathy Ct Laguna Nigue 92677 Orange County	I, CA			
Amy Neshanian 5 Corporate Park, Ste 250 Irvine, CA 92606	As of the date you file, the claim is: Cheapply.  Contingent	eck all that			
Number, Street, City, State & Zip Code	Unliquidated				
Who owes the debt? Check one.	☐ Disputed  Nature of lien. Check all that apply.				
Debtor 1 only	An agreement you made (such as mor car loan)	rtgage or secur	red		
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mecha	ınic's lien)			
$\square$ At least one of the debtors and another	Judgment lien from a lawsuit				
☐ Check if this claim relates to a community debt	☐ Other (including a right to offset)				
Date debt was incurred	Last 4 digits of account number				
2.3 US Bank	Describe the property that secures the	claim:	\$802,286.00	\$1,924,800.00	\$0.00
Creditor's Name	27591 Kathy Ct Laguna Nigue 92677 Orange County	I, CA			
PO BOX 108	As of the date you file, the claim is: Che apply.	eck all that			
Saint Louis, MO 63166	Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated				
Who owes the debt? Check one.	☐ Disputed  Nature of lien. Check all that apply.				
☐ Debtor 1 only ☐ Debtor 2 only	☐ An agreement you made (such as mor car loan)	rtgage or secur	red		
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mecha	nic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a community debt	Other (including a right to offset)	irst Mortga	ige		
Date debt was incurred	Last 4 digits of account number	7114			
Add the dollar value of your entries in C	olumn A on this page. Write that number	here:	\$897,508	3.00	
If this is the last page of your form, add Write that number here:	the dollar value totals from all pages.		\$897,508	3.00	
Part 2: List Others to Be Notified for	or a Debt That You Already Listed				
Use this page only if you have others to be to collect from you for a debt you owe to screditor for any of the debts that you listed do not fill out or submit this page.	someone else, list the creditor in Part 1, a	nd then list th	e collection agency her	e. Similarly, if you have mor	e than one
Name, Number, Street, City, State & Quality Loan Service	& Zip Code	On which	line in Part 1 did you ent	er the creditor? 2.3	
2763 Camino del Rios S 1 San Diego, CA 92108	st Fl	Last 4 diç	gits of account number	<u>06NJ</u>	

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		Main Docume	ent Page 20 of 64	,	
Fill in th	nis information to identify you	r case:			
Debtor '	Kristina Lynn Sı	nith			
	First Name	Middle Name	Last Name	-	
Debtor 2		Medalla Nama	Local Money	-	
(Spouse if,	, filing) First Name	Middle Name	Last Name		
United S	States Bankruptcy Court for the:	CENTRAL DISTRICT OF C	CALIFORNIA	-	
Case nu	ımber <b>8:24-bk-12527</b>				
(if known)		<del></del> :		□ C	heck if this is an
				aı	mended filing
Officia	al Form 106E/F				
	dule E/F: Creditors \	Nho Have Unsecure	ed Claims		12/15
			RITY claims and Part 2 for creditors with N	ONPRIORITY claims	
the Conti	nuation Page to this page. If you had the first thrown.	ave no information to report in a I	, copy the Part you need, fill it out, number Part, do not file that Part. On the top of any		
	ny creditors have priority unsecur				
_	lo. Go to Part 2.	,			
ΠY	es.				
	_				
Part 2:	List All of Your NONPRIOR	ITY Unsecured Claims			
3. Do a	ny creditors have nonpriority unse	ecured claims against you?			
	lo. You have nothing to report in this	part. Submit this form to the court w	vith your other schedules.		
<b>■</b> Y	es.				
claim	n, list the creditor separately for each	claim. For each claim listed, identify	f the creditor who holds each claim. If a cre y what type of claim it is. Do not list claims alre nore than three nonpriority unsecured claims f	eady included in Part	If more than one
	A center for Children	Last 4 digits of	account number		\$20,367.00
	Nonpriority Creditor's Name  1111 W Chapman Ave	When was the c	debt incurred?		
	Orange, CA 92868				
	Number Street City State Zip Code	•	you file, the claim is: Check all that apply		
	Who incurred the debt? Check one	e.   Contingent			
	Debtor 1 only	☐ Unliquidated			
	Debtor 2 only	☐ Disputed			
	☐ Debtor 1 and Debtor 2 only	Type of NONPR	NORITY unsecured claim:		
	At least one of the debtors and a	nother	s		
	☐ Check if this claim is for a con Is the claim subject to offset?	nmunity debt	arising out of a separation agreement or divorc claims	ce that you did not	
	No	☐ Debts to pen	sion or profit-sharing plans, and other similar	debts	
	Yes	Other. Specif	fy		

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Debtor 1 Kristina Lynn Smith Case number (if known) 8:24-bk-12527 4.2 Last 4 digits of account number \$83.00 **ADT** Nonpriority Creditor's Name When was the debt incurred? 1501 Yamato RD Boca Raton, FL 33431 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.3 Allergy and Asthma Assc Last 4 digits of account number \$18.00 Nonpriority Creditor's Name 28202 Cabot Rd Ste 105 When was the debt incurred? Laguna Niguel, CA 92677 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim:  $\hfill \square$  At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.4 AT&T Last 4 digits of account number \$592.00 Nonpriority Creditor's Name 208 S Akard Rd When was the debt incurred? **Dallas, TX 75201** Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

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Page 22 of 64 Main Document Debtor 1 Kristina Lynn Smith Case number (if known) 8:24-bk-12527 Last 4 digits of account number 4.5 \$16,790.00 **Bank of America** 0668 Nonpriority Creditor's Name Opened 01/20 Last Active Attn: Bankruptcy 4909 Savarese Circle When was the debt incurred? 10/27/22 Tampa, FL 33634 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.6 **Bank of America** \$10,326.00 Last 4 digits of account number 4165 Nonpriority Creditor's Name Opened 06/18 Last Active Attn: Bankruptcy 4909 Savarese Circle When was the debt incurred? 10/27/22 Tampa, FL 33634 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.7 **Bank of America** Last 4 digits of account number 4426 \$10,169.00 Nonpriority Creditor's Name Attn: Bankruptcy Opened 09/17 Last Active 4909 Savarese Circle When was the debt incurred? 10/27/22 Tampa, FL 33634 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not

■ No

☐ Yes

Is the claim subject to offset?

report as priority claims

Other. Specify Credit Card

Debts to pension or profit-sharing plans, and other similar debts

Debtor	1 Kristina Lynn Smith	Case number (if known) 8:24-bk-12527	
4.8	Clineva Urgent Care	Last 4 digits of account number	\$56.00
	Nonpriority Creditor's Name 25461 Rancho Niguel	When was the debt incurred?	
	Laguna Niguel, CA 92677		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	_ ′	Disputed	
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	☐ Student loans	
	Check if this claim is for a community debt	$\square$ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.9	Community Orthopaedic And MRI	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name	<del></del>	
	26401 Crown Valley Pkwy 101	When was the debt incurred?	
	Mission Viejo, CA 92691  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you file, the claim is. Check all that apply	
	_	☐ Contingent	
	Debtor 1 only	☐ Unliquidated	
	☐ Debtor 2 only	☐ Disputed	
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	☐ Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.10	Cox Communications	Last 4 digits of account number	\$127.00
	Nonpriority Creditor's Name	<del></del>	•
	6205 Peachtree Dunwoody Rd	When was the debt incurred?	
	Atlanta, GA 30328  Number Street City State Zip Code	As of the date yearfile, the plains in Check all that apply	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
		☐ Contingent	
	Debtor 1 only	☐ Unliquidated	
	☐ Debtor 2 only	☐ Disputed	
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	$\square$ At least one of the debtors and another	☐ Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other Specify	

Debtor 1 Kristina Lynn Smith Case number (if known) 8:24-bk-12527 4.11 Last 4 digits of account number \$78,000.00 **Drew Hunt** Nonpriority Creditor's Name 4 Park Plasza Suite 200 When was the debt incurred? Irvine, CA 92614 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.12 **Head And Neck Associates of OC** Last 4 digits of account number Unknown Nonpriority Creditor's Name 26726 Crown Valley Pkway 200 When was the debt incurred? Mission Viejo, CA 92691 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim:  $\hfill \square$  At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.13 **Howard Smith** Last 4 digits of account number \$142,800.00 Nonpriority Creditor's Name 28822 Via De Luna When was the debt incurred? Laguna Niguel, CA 92677 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

Debto	r 1 Kristina Lynn Smith		Case number (if known)	8:24-bk-12527	
4.14	Jeff Gomez	Last 4 digits of account number		Unknown	
	Nonpriority Creditor's Name PO Box 1718	When was the debt incurred?			
	Upland, CA 91785	mon was the dest mountain.			
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply		
	Who incurred the debt? Check one.	☐ Contingent			
	Debtor 1 only	<del>-</del>			
	Debtor 2 only	Unliquidated			
	Debtor 1 and Debtor 2 only	Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	<u> </u>	Student loans			
	☐ Check if this claim is for a community debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that	you did not	
	<u> </u>	<u> </u>			
	■ No	☐ Debts to pension or profit-sharin	ig plans, and other similar debts		
	Yes	Other. Specify			
4.15	Kerry Kavanaugh	Last 4 digits of account number		\$80,000.00	
	Nonpriority Creditor's Name				
	4511 Isabella Lane	When was the debt incurred?			
	Dallas, TX 75229  Number Street City State Zip Code	As of the date you file, the claim i	s. Check all that apply		
	Who incurred the debt? Check one.	The of the date you me, the claim.	or or ook all triat apply		
	Debtor 1 only	☐ Contingent			
		☐ Unliquidated			
	Debtor 2 only	☐ Disputed			
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured	d claim:		
	At least one of the debtors and another	☐ Student loans			
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a sepa	aration agreement or divorce that	you did not	
	Is the claim subject to offset?	report as priority claims			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	Other. Specify			
4.16	Kohl's	Last 4 digits of account number	8857	\$672.00	
	Nonpriority Creditor's Name				
	Attn: Credit Administrator		Opened 10/17 Last A	ctive	
	Po Box 3043	When was the debt incurred?	09/24		
	Milwaukee, WI 53201  Number Street City State Zip Code	As of the date you file, the claim i	is: Chock all that apply		
	Who incurred the debt? Check one.	As of the date you me, the claim	s. Oneck all that apply		
	Debtor 1 only	☐ Contingent			
		☐ Unliquidated			
	Debtor 2 only	☐ Disputed			
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured			
	☐ At least one of the debtors and another	☐ Student loans			
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that	you did not	
	No.	Debts to pension or profit-sharin	g plans, and other similar debts		

☐ Yes

■ Other. Specify Charge Account

Debtor	1 Kristina Lynn Smith	Case number (if known) 8:24-bk-12527	
4.17	Leon Baginski MD	Last 4 digits of account number	\$44.00
	Nonpriority Creditor's Name 27800 Medical Center Rd 310	When was the debt incurred?	
	Mission Viejo, CA 92691  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent	
	Debtor 1 only	☐ Unliquidated	
	Debtor 2 only	☐ Disputed	
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	☐ Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.18	Macys Corporate	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name 151 West 34th Street New York, NY 10001	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent	
	Debtor 1 only	☐ Unliquidated	
	Debtor 2 only	☐ Disputed	
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	☐ Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.19	Mission Heritage Gasterology	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name		
	Dr Chang 27799 Medical Center Rd #310	When was the debt incurred?	
	Mission Viejo, CA 92691  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify	
		— Outor. Spoony	

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Debto	1 Kristina Lynn Smith	Case number (if known) 8:24-bk-12527	
4.20	Mission Heritage Internal Medicine Nonpriority Creditor's Name	Last 4 digits of account number	Unknown
	Dr Mayet 26800 Crown Valley Pkwy 305 Mission Viejo, CA 92691	When was the debt incurred?	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	☐ Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.21	Mission Heritage Nephrology	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name  Dr Tran	When was the debt incurred?	
	26800 Crown Valley Pkwy 250 Mission Viejo, CA 92691	when was the destiniculed?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent	
	■ Debtor 1 only		
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	☐ Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.22	Mission Heritage TCU	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name 27799 Medical Center Rd Mission Viejo, CA 92691	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent	
	Debtor 1 only	☐ Unliquidated	
	☐ Debtor 2 only	☐ Disputed	
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	$\square$ At least one of the debtors and another	☐ Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
		• • •	

Debtor	1 Kristina Lynn Smith	Case number (if known) 8:24-bk-1252	7
4.23	Mission Pediatric Dentistry Nonpriority Creditor's Name 27800 Medical Center Rd 332	Last 4 digits of account number  When was the debt incurred?	Unknown
	Mission Viejo, CA 92691 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt ls the claim subject to offset?	□ Contingent □ Unliquidated □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	Other. Specify	
4.24	Mission Providence Hospital Nonpriority Creditor's Name	Last 4 digits of account number	\$17,000.00
	27799 Medical Center Rd Mission Viejo, CA 92691	When was the debt incurred?	
	Number Street Ĉity State Zip Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset?  No Yes	As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify	
4.25	Moulton Water Nonpriority Creditor's Name	Last 4 digits of account number	\$267.00
	26161 Gordon RD  Laguna Hills, CA 92653  Number Street City State Zip Code  Who incurred the debt? Check one.	When was the debt incurred?  As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only  □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured claim: ☐ Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?  ■	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	

☐ Yes

Debtor	1 Kristina Lynn Smith	Case number (if known) 8:24-bk-12527	
4.26	Nellie Gail Urgent Care	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name	When was the debt incurred?	
	27001 Moulton Pkwy 102 Aliso Viejo, CA 92656	When was the dept incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	_	
	■ Debtor 1 only	☐ Contingent	
		☐ Unliquidated	
	Debtor 2 only	☐ Disputed	
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	☐ Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	
4.27	PediatricsDermatology	Last 4 digits of account number	\$71.00
	Nonpriority Creditor's Name		<b>V. 1100</b>
	3500 Barranca Pkwy 160	When was the debt incurred?	
	Newport Beach, CA 92696		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent	
	■ Debtor 1 only	☐ Unliquidated	
	Debtor 2 only		
	☐ Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	_	☐ Student loans	
	Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.28	Progressive Insurance	Last 4 digits of account number	\$239.00
	Nonpriority Creditor's Name		
	6300 Wilson Mills Rd	When was the debt incurred?	
	Cleveland, OH 44143  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Oneok an that apply	
	_	☐ Contingent	
	Debtor 1 only	☐ Unliquidated	
	Debtor 2 only	☐ Disputed	
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	☐ Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other Specify	

Debtor	1 Kristina Lynn Smith	Case number (if known) 8:24-bk-12527	•
4.29	Providence Mission Radiology Nonpriority Creditor's Name 27799 Medical Center Rd Mission Viejo, CA 92691	Last 4 digits of account number  When was the debt incurred?	Unknown
	Number Street Ĉity State Zip Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt ls the claim subject to offset?  No Yes	As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify	
4.30	Retina Associates of OC Nonpriority Creditor's Name	Last 4 digits of account number	Unknown
	23521 Paseo De Valencia #207  Laguna Hills, CA 92653  Number Street City State Zip Code  Who incurred the debt? Check one.  ■ Debtor 1 only  □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt  Is the claim subject to offset? ■ No □ Yes	When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify	
4.31	Rowan Dorcy Medical Nonpriority Creditor's Name 27799 Medical Center Rd Mission Viejo, CA 92691 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims	\$700.00
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	

☐ Yes

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Debtor 1 Kristina Lynn Smith Case number (if known) 8:24-bk-12527 4.32 Last 4 digits of account number \$5,499.00 **SDGE** Nonpriority Creditor's Name PO Box 25111 When was the debt incurred? Santa Ana, CA 92799 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.33 **Sea Country Dental** Last 4 digits of account number Unknown Nonpriority Creditor's Name 32341 Golden Lantern Ste C When was the debt incurred? Laguna Niguel, CA 92677 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim:  $\hfill \square$  At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.34 **SGSB Law** Last 4 digits of account number \$85,302.00 Nonpriority Creditor's Name 19762 MacArthur Blvd Ste 200 When was the debt incurred? Irvine, CA 92612 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

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Debto	Kristina Lynn Smith	Case number (if known) 8:24-bk-1252	7
4.35	So Cal Gas	Last 4 digits of account number	\$37.00
	Nonpriority Creditor's Name 1801 S Atlantic Blvd	When was the debt incurred?	
	Monterey Park, CA 91754  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent	
	■ Debtor 1 only	☐ Unliquidated	
	Debtor 2 only	☐ Disputed	
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	☐ Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.36	Toll Roads	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name PO Box 57011 Irvine, CA 92619	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent	
	Debtor 1 only		
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify	
4.37	US acute Care Soultion	Last 4 digits of account number	\$1,878.00
4.57	Nonpriority Creditor's Name		\$1,676.00
	4535 Dressier RD NW Canton, OH 44718	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent	
	■ Debtor 1 only	☐ Unliquidated	
	Debtor 2 only	☐ Disputed	
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	$\square$ At least one of the debtors and another	☐ Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	

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US Courts Pacer	Last 4 digits of account number	Unkr
Nonpriority Creditor's Name		
PO Box 5208	When was the debt incurred?	
Portland, OR 97208  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	☐ Contingent	
Debtor 1 only	☐ Unliquidated	
☐ Debtor 2 only	☐ Disputed	
☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
☐ At least one of the debtors and another	☐ Student loans	
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify	

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

#### Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

					Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims	01	<b>T</b>	01	•	
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
					Total Claim
	6f.	Student loans	6f.	\$	0.00
Total claims	0	Obligations spiriture and of a second in a second and discuss that second			
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	471,037.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	471,037.00

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Fill in this infor	mation to identify your	case:		
Debtor 1	Kristina Lynn Sm	ith		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		CENTRAL DISTRICT C	F CALIFORNIA	
Case number	8:24-bk-12527			
(if known)				☐ Check if this is an amended filing

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number,	whom you have the Street, City, State and ZIP	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2	-				
	Name				_
	Number	Street			
	City		State	ZIP Code	
2.3					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	

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Fill in this in	formation to identify your	case:			
Debtor 1	Kristina Lynn Smi	th			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
		CENTRAL DISTRICT OF C			
United States	Bankruptcy Court for the:	CENTRAL DISTRICT OF C	ALIFORNIA		
	8:24-bk-12527				
(if known)					Check if this is an amended filing
					amenaea ming
Official I	Form 106H				
Schedu	le H: Your Code	ebtors			12/15
					rate as possible. If two married
					needed, copy the Additional Page, op of any Additional Pages, write
	nd case number (if known).		e Additional Fage	to tino page. On the t	op of any Additional Fages, write
1. Do vo	u have any codebtors? (If y	ou are filing a joint case, do	not list either spous	e as a codebtor	
_	aa.o a <b>,</b> oo aoo.o.o. ( ,	ou are ming a joint cace, as i	not not oftenor opodos	o do d oodobior.	
□ No					
Yes					
		lived in a community propo Nevada, New Mexico, Puerto			rty states and territories include .)
□ No. G	o to line 3.				
Yes. [	Did your spouse, former spou	se, or legal equivalent live wi	th you at the time?		
_	No				
	Yes.				
_	103.				
	In which community state	or territory did you live?	-NONE-	. Fill in the name a	and current address of that person.
	Name of your spouse, former spo Number, Street, City, State & Zip				
in line 2 Form 10	again as a codebtor only if	that person is a guarantor	or cosigner. Make	sure you have listed	ng with you. List the person show the creditor on Schedule D (Officia ), Schedule E/F, or Schedule G to
	olumn 1: Your codebtor ne, Number, Street, City, State and ZIF	<sup>2</sup> Code		Column 2: The cr Check all schedul	editor to whom you owe the debt es that apply:
PC	ff Gomez D Box 1718			■ Schedule D, □ Schedule E/F	, line
Up	oland, CA 91785			☐ Schedule G _ US Bank	

Fill	in this information to identify your c	ase:				1				
	otor 1 Kristina Lyn									
	otor 2				_					
Uni	ted States Bankruptcy Court for the	E: CENTRAL DISTRICT	OF CALIFORNIA							
	8:24-bk-12527		-			☐ Ar	k if this is: n amende suppleme	ed filing	g postpetition	chapter
_	(".'.l								ollowing date:	
	fficial Form 106l chedule I: Your Inc					M	M / DD/ Y	YYY		12/15
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment	ır spouse is not filing w	ith you, do not inclu	ıde info	mati	ion about	your sp	ouse. If m	ore space is	needed,
1.	Fill in your employment information.		Debtor 1				Debtor 2	2 or non-fi	ling spouse	
	If you have more than one job, attach a separate page with	Employment status	■ Employed				☐ Empl	•		
	information about additional employers.	,,	☐ Not employed				☐ Not employed			
	Include part-time, seasonal, or	Occupation								
	self-employed work.	Employer's name								
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed t	here?				_			
Par	t 2: Give Details About Mor	nthly Income								
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to r	report fo	any	line, write	e \$0 in the	e space. In	nclude your no	on-filing
-	u or your non-filing spouse have mees space, attach a separate sheet to		ombine the information	on for all	emp	loyers for	that pers	on on the l	lines below. If	you need
						For Deb	otor 1		btor 2 or ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$		0.00	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$		0.00	\$	N/A	

Official Form 106l Schedule I: Your Income page 1

line 4 here  Il payroll deductions:  Tax, Medicare, and Social Security deductions  Mandatory contributions for retirement plans  Voluntary contributions for retirement plans  Required repayments of retirement fund loans Insurance  Domestic support obligations  Union dues  Other deductions. Specify:  the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  Ilate total monthly take-home pay. Subtract line 6 from line 4.  Il other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	4. 5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.+	\$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	non- 	Debtor filing s	2 or spouse N/A N/A N/A N/A N/A N/A	
Il payroll deductions:  Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify:  the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. Ilate total monthly take-home pay. Subtract line 6 from line 4.  Il other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.+	\$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$		N/A N/A N/A N/A N/A N/A	
Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify:  the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. Ilate total monthly take-home pay. Subtract line 6 from line 4.  Il other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross	5b. 5c. 5d. 5e. 5f. 5g. 5h.+	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00	* * * * * * * * * * * * * * * * * * *		N/A N/A N/A N/A N/A	
Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify:  the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. Ilate total monthly take-home pay. Subtract line 6 from line 4.  Il other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross	5b. 5c. 5d. 5e. 5f. 5g. 5h.+	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00	* * * * * * * * * * * * * * * * * * *		N/A N/A N/A N/A N/A	
Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify: the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. Ilate total monthly take-home pay. Subtract line 6 from line 4. Il other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross	5b. 5c. 5d. 5e. 5f. 5g. 5h.+	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00	* * * * * * * * * * * * * * * * * * *		N/A N/A N/A N/A N/A	
Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify: he payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. Ilate total monthly take-home pay. Subtract line 6 from line 4. Il other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross	5d. 5e. 5f. 5g. 5h.+	\$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00	\$ \$ \$ + \$		N/A N/A N/A N/A	
Insurance Domestic support obligations Union dues Other deductions. Specify: he payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. late total monthly take-home pay. Subtract line 6 from line 4.  Il other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross	5e. 5f. 5g. 5h.+	\$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00	\$ \$ + \$		N/A N/A N/A	<u>.</u> <u>.</u>
Domestic support obligations Union dues Other deductions. Specify: he payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. llate total monthly take-home pay. Subtract line 6 from line 4. Il other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross	5f. 5g. 5h.+ 6.	\$ \$ \$ \$	0.00 0.00 0.00 0.00	\$ \$ + \$ \$		N/A N/A	<u> </u>
Union dues Other deductions. Specify: he payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. late total monthly take-home pay. Subtract line 6 from line 4.  Il other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross	5g. 5h.+ 6.	\$ \$ \$	0.00 0.00 0.00	\$		N/A	_
Other deductions. Specify:  he payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  late total monthly take-home pay. Subtract line 6 from line 4.  Il other income regularly received: Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross	5h.+ 6.	\$ 	0.00	\$			\
he payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  late total monthly take-home pay. Subtract line 6 from line 4.  Il other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross	6.	\$	0.00	\$		N/A	_
Il other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross		· : —		· —			_
Il other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross	7.	\$	0.00			N/A	_
Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross				\$		N/A	<u>-</u>
,		· —					_
		\$	0.00	\$		N/A	<u>.</u>
regularly receive Include alimony, spousal support, child support, maintenance, divorce	<b>8</b> c.	\$	2.100.00	\$		N/A	
Unemployment compensation	8d.	\$		\$			_
Social Security	8e.	\$	0.00	\$			
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.	\$	0.00	\$			
		· —		· ·			_
Tulling Contribution	_ '			_		14/7	<u>-</u>
Ill other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,600.00	\$		N/	A
late monthly income Add line 7 + line 9	10 \$	2	600 00 + \$		NI/A	- \$	2.600.00
•	10.  Ψ		, <del>οοο.οο</del> + Ψ_		INA	<b>-</b>   • -	2,000.00
e contributions from an unmarried partner, members of your household, your friends or relatives.	r depen	•	•				0.00
					12.	\$	2,600.00
us expect an increase or decrease within the year often you file this form	.2						ned ly income
	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: Pension or retirement income Other monthly income. Specify:  If other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  Itate monthly income. Add line 7 + line 9.  Itate entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  all other regular contributions to the expenses that you list in Schedule contributions from an unmarried partner, members of your household, you friends or relatives.  It include any amounts already included in lines 2-10 or amounts that are not by:  The amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certains.	monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income Other monthly income. Specify:  If other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  In other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  In other regular contributions to the expenses that you list in Schedule J. et contributions from an unmarried partner, members of your household, your dependent on relatives.  It include any amounts already included in lines 2-10 or amounts that are not available that amount in the last column of line 10 to the amount in line 11. The result is that amount on the Summary of Schedules and Statistical Summary of Certain Liables.  Unexpect an increase or decrease within the year after you file this form?	Interest and dividends Interest and the value interest and the value (if known) of any non-cash assistance that you receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Interest and dividends Interest and dependents Interest	monthly net income. 8a. \$ 0.00 Interest and dividends 8b. \$ 0.00 Interest and dividends 8b. \$ 0.00 Interest and dividends 8b. \$ 0.00 Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 2,100.00 Unemployment compensation 8d. \$ 0.00 Social Security 8e. \$ 0.00 Social Security 8f. \$ 0.00 Social Security 8e. \$ 0.00 Social Security 8f.	monthly net income.  Interest and dividends  Samily support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Sc. \$ 2,100.00 \$  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income  Other monthly income. Specify:  Family contribution  Sh. + \$ 500.00 \$  In other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  In other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  In other income. Add lines 7 + line 9.  In other regular contributions to the expenses that you list in Schedule J.  In eventies in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  In other regular contributions to the expenses that you list in Schedule J.  In eventies in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  In include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Stringly income. In the last column of line 10 to the amount in line 11. The result is the combined monthly income that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it is second in the summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it is second in the summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it is second in the summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it is second in the summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it is second in the summary of Schedules and Statistical Summary of Certain Liabilities and Related Data.	monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. \$ 2,100.00 \$  Unemployment compensation  8d. \$ 0.00 \$  Social Security  8e. \$ 0.00 \$  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8f. \$ 0.00 \$  Pension or retirement income Other monthly income. Specify:  Family contribution  8h. \$ 500.00 \$  Il other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 2,600.00 \$  Interest in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  all other regular contributions to the expenses that you list in Schedule J.  te contributions from an unmarried partner, members of your household, your dependents, your roommates, and rirends or relatives.  Include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedul Y:  11.  The amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it is set the summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it is set the summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it is set the summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it is set the summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it is set the summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it is set the summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it is set the summary of S	monthly net income.    Rail   Support payments that you, a non-filing spouse, or a dependent regularly receive

Official Form 106l Schedule I: Your Income page 2

Fill	in this informa	ation to identify y	our case:			Ī		
	tor 1	Kristina Lyn				Cher	k if this is:	
		KIISIIIIa Lyii	ii Siiiitii				An amended filing	
	tor 2 ouse, if filing)							wing postpetition chapter the following date:
``	, 0,					_		
Unit	ed States Bankr	uptcy Court for the:	CENTR	RAL DISTRICT OF CALIFO	DRNIA		MM / DD / YYYY	
	e number 8:	24-bk-12527						
Of	fficial Fo	rm 106J						
		J: Your	Exper	ises				12/15
Be info nur	as complete a primation. If mathematic moder (if know	and accurate as nore space is ne n). Answer ever	possible eded, atta y questio	. If two married people a ach another sheet to this				or supplying correct
Par 1.	t 1: Descr Is this a joir	ibe Your House	hold					
	■ No. Go to	line 2.	in a sepai	rate household?				
	□N	0	·	ial Form 106J-2, <i>Expense</i> s	s for Separate Hous	ehold of Deb	otor 2.	
2.	Do you have	e dependents?	□ No					
	Do not list D and Debtor 2		■ Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.			Daughter		13	Yes
					Daughter		13	□ No ■ Yes
					Daagiitei			■ Yes □ No
								☐ Yes
							-	□ No
3.	Do your eyr	enses include	_					☐ Yes
Э.	expenses o	f people other t d your depende	han $_{\square}$	No Yes				
Est exp	imate your ex	ate Your Ongoi openses as of your address at the last the last after the last aft	our bankr	ly Expenses uptcy filing date unless y sy is filed. If this is a supp	ou are using this followed the second	form as a su e <i>J</i> , check t	applement in a Channe top one	apter 13 case to report of the form and fill in the
the		h assistance an		government assistance i cluded it on <i>Schedule I:</i>			Your exp	enses
4.		or home owners		nses for your residence. I or lot.	nclude first mortgag	je 4. \$		0.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a. \$		0.00
		rty, homeowner's	s, or rente	r's insurance		4a. \$ 4b. \$		0.00
	4c. Home	maintenance, re	epair, and	upkeep expenses		4c. \$		50.00
F		owner's associat			and a manager to the	4d. \$		0.00
5.	Auditional r	nortgage payme	ents for yo	<b>our residence,</b> such as ho	me equity loans	5. \$		0.00

	1 Kristina Lynn Smith	Case numb	oer (if known)	8:24-bk-12527
6. <b>U</b>	tilities:			
6	a. Electricity, heat, natural gas	6a.	\$	375.00
6	o. Water, sewer, garbage collection	6b.	\$	328.00
6	c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	525.00
6	d. Other. Specify:	6d.	\$	0.00
. F	ood and housekeeping supplies		\$	1,200.00
. с	hildcare and children's education costs	8.	\$	25.00
. с	lothing, laundry, and dry cleaning	9.	\$	200.00
	ersonal care products and services	10.	\$	20.00
	ledical and dental expenses	11.		210.00
	ransportation. Include gas, maintenance, bus or train fare.		·	
	o not include car payments.	12.	\$	300.00
	ntertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
	haritable contributions and religious donations	14.	\$	40.00
	surance.		·	10.00
	o not include insurance deducted from your pay or included in lines 4 or 20.			
	5a. Life insurance	15a.	\$	0.00
1	5b. Health insurance	15b.	\$	0.00
1	5c. Vehicle insurance	15c.		77.00
	5d. Other insurance. Specify:	15d.		0.00
	axes. Do not include taxes deducted from your pay or included in lines 4 or 20.		<u> </u>	0.00
S	pecify:	16.	\$	0.00
	stallment or lease payments: 7a. Car payments for Vehicle 1	17a.	¢	0.00
	• •	17a. 17b.		
	7b. Car payments for Vehicle 2			0.00
	7c. Other. Specify:	17c.	*	0.00
	7d. Other. Specify:	17d.	\$	0.00
	our payments of alimony, maintenance, and support that you did not report as educted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
	ther payments you make to support others who do not live with you.		\$	0.00
	pecify:	19.	·	<u> </u>
	ther real property expenses not included in lines 4 or 5 of this form or on <i>Sche</i> o		our Income	
	Da. Mortgages on other property	20a.		0.00
	Ob. Real estate taxes	20b.		0.00
	Oc. Property, homeowner's, or renter's insurance	20c.		0.00
	Od. Maintenance, repair, and upkeep expenses	20d.	•	0.00
	De. Homeowner's association or condominium dues	20u. 20e.		
				0.00
	ther: Specify: Childs attonery	21.	+\$	150.00
	alculate your monthly expenses			
	2a. Add lines 4 through 21.		\$	3,500.00
2	2b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
2	2c. Add line 22a and 22b. The result is your monthly expenses.		\$	3,500.00
3. <b>C</b>	alculate your monthly net income.	ļ	<u> </u>	
	3a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	2,600.00
	3b. Copy your monthly expenses from line 22c above.	23b.	-\$	3,500.00
		_00.	<i>*</i>	
2	3c. Subtract your monthly expenses from your monthly income.	220	\$	-900.00
_	The result is your monthly net income.	23c.	φ	-900.00
_			form?	
24. <b>D</b>	o you expect an increase or decrease in your expenses within the year after you			
4. <b>D</b>	or example, do you expect to finish paying for your car loan within the year or do you expect your mo			se or decrease because of a
24. <b>D</b> F				se or decrease because of a

#### 

Fill in this infor	mation to identify your	case:			
Debtor 1	Kristina Lynn Smi	th			
	First Name	Middle Name	Last Name	_	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	inkruptcy Court for the:	CENTRAL DISTRICT C	F CALIFORNIA		
Case number (if known)	8:24-bk-12527				☐ Check if this is an amended filing
Official Forn	n 106Dec				
		n Individual	Debtor's S	Schedules	12/15
obtaining money years, or both. 1		connection with a bank			ement, concealing property, or 00, or imprisonment for up to 20
Did you pa	y or agree to pay some	one who is NOT an attor	ney to help you fill o	out bankruptcy forms?	
■ No					
☐ Yes. N	Name of person				kruptcy Petition Preparer's Notice, , and Signature (Official Form 119)
	Ity of perjury, I declare to true and correct.	hat I have read the sum	nmary and schedules	s filed with this declaration	on and
X /s/ Kris	stina Lynn Smith		X		
Kristin	a Lynn Smith re of Debtor 1			e of Debtor 2	

Date **October 17, 2024** 

Date

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Fall in this info	en de la completa de La completa de la completa del completa del completa de la completa del completa de la completa del la completa del completa de la completa del comple				
Captor 2	Kristina Lynn Smith Periton Fortuna		UNITARIA MATERIALIA FICALIFORNIA		
Ges number dama					[] Check Fittle is an amended Sing
Official For Declara	m 106Dec tion About ar	i Individual	Debtor's Sc	hedules	
obtaining more years, or both	de form whenever you file ry or property by freed in 16 U.S.C. \$\$ 152, 1341, 15 yn Below	connection with a ban	s or amended schodule knuptcy case can result	in final p to 1250,000.	et, conceiling property, or r imprisonment for up to 20
Old you p	ay or agree to pay someo	na who la NOT an etto	may to help you fill out		
	Name of person				try Petition Propaner's Notice, d Signature (Official Form 119)
	ally of perjury, I declare to re true and correct.    Nath LA na Lynn Smith	and i have read the son	imany and achedules M X Signature o		
Signati	uru of Debter 1 October 3, 2024				

Official Form 106Dec

Declaration About an Individual Debior's Schedules

### Case 8:24-bk-12527-TA Doc 9 Filed 10/17/24 Entered 10/17/24 11:31:02 Desc Main Document Page 42 of 64

	in this info	ormation to identify you	ır case:							
Del	btor 1	Kristina Lynn S								
D.	htor O	First Name	Middle Name		Last Name					
	btor 2 buse if, filing)	First Name	Middle Name		Last Name					
Uni	ited States	Bankruptcy Court for the	CENTRAL DISTRICT C	F CALIF	ORNIA					
	se number	8:24-bk-12527					☐ Che	eck if this is an		
							_	ended filing		
Sta Be a info	atemer	e and accurate as poss more space is needed	Affairs for Indivi	e are fili	ng together, both are	e equally responsible				
		wn). Answer every que			I Defens					
			arital Status and Where Y	ou Lived	I Before					
1.	What is yo	our current marital stat	us?							
	Marri	ed								
	□ Not n	narried								
2.	During the	During the last 3 years, have you lived anywhere other than where you live now?								
	■ No									
	_	List all of the places you	lived in the last 3 years. Do	not inclu	ıde where you live nov	W.				
	Debtor 1		Dates Debtor lived there	1	Debtor 2 Prior Ac	ldress:		Dates Debtor 2 lived there		
<b>3.</b> state			ver live with a spouse or lalifornia, Idaho, Louisiana, N							
	□ No									
		Make sure you fill out So	hedule H: Your Codebtors (	Official F	Form 106H).					
Pai	rt 2 Exp	lain the Sources of You	ır Income							
4.	Fill in the t	otal amount of income yo	mployment or from operation received from all jobs an I have income that you recei	d all bus	inesses, including par	t-time activities.	us calend	lar years?		
	⊔ Yes.	Fill in the details.								
			Debtor 1			Debtor 2				
			Sources of income Check all that apply.	(bef	ore deductions and lusions)	Sources of income Check all that apply.		Gross income (before deductions and exclusions)		

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Debtor 1 Kristina Lynn Smith Case number (if known) 8:24-bk-12527

5.	Include in unemploy	come regard ment, and o	dless of wheth ther public be	er that inconering	ome is taxable. Ex ents; pensions; re	amples on tal inco	us calendar years of other income are me; interest; divide income that you re	alimony; child sup nds; money collect	ed from laws	suits; royalties; and
	List each	source and	the gross inco	me from e	ach source separa	ately. Do	not include income	that you listed in I	ine 4.	
	□ No ■ Yes.	Fill in the de	etails.							
				Debtor 1 Sources Describe	of income below.	each (befo	s income from source re deductions and sions)	Debtor 2 Sources of inc Describe below		Gross income (before deductions and exclusions)
		y 1 of curre filed for bai	nt year until nkruptcy:	Child Su	upport		\$21,000.00			
	r last caler anuary 1 to	idar year: December	31, 2023 )	Alimony Mainten			\$12,000.00			
				Child Su	upport		\$25,200.00			
		dar year be December		Child Su	upport		\$25,200.00			
<b>.</b>	□ No.	Neither Dindividual   During the □ No. □ Yes  * Subject	ebtor 1 nor Deprimarily for a 90 days befor Go to line 7 List below expaid that continuous to adjustmen or Debtor 2 or 90 days befor Go to line 7 List below exinclude pay an attorney	personal, personal, personal, personal, personal, personal, personal, personal, personal, personal per	family, or househod for bankruptcy, don't o whom you panot include payme to an attorney for to and every 3 years or bankruptcy, don't o whom you panot to whom you panot for bankruptcy, don't o whom you panot don't bankruptcy, don't o whom you panot don't bankruptcy, don't bankruptc	umer de old purpo id you pa id a tota nts for de this bank rs after ti umer de id you pa id a tota obligation	ay any creditor a total of \$7,575* or more omestic support oblaruptcy case. That for cases filed of the cases	e in one or more particular in one or more particular in or after the date and of \$600 or more and the total amount poort and alimony.  Amount you	ore?  ayments and thild support of adjustments?  t you paid the Also, do not	
	Orcuitor	3 Italiic all	u Address		Dates of payme	7110	paid	still owe	was tills	payment for
7.	Insiders in corporation including a support an	nclude your ins of which one for a bund alimony.	relatives; any you are an of	general pa ficer, direct perate as a	rtners; relatives of tor, person in cont	any ger		erships of which yes of their voting se	ou are a gen curities; and	
		Name and			Dates of payme	ent	Total amount	Amount you	Reason fo	or this payment
							paid	still owe		

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8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cost		ments or transfer a	any property on a	account of a d	lebt that benefited ar			
	No								
	☐ Yes. List all payments to an insider								
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment ditor's name			
Par	t 4: Identify Legal Actions, Repossession	ns, and Foreclosures							
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.								
	■ No □ Yes. Fill in the details.								
	Case title Case number	Nature of the case	Court or agency		Status of th	ne case			
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo  No. Go to line 11.  Yes. Fill in the information below.		erty repossessed, f	foreclosed, garni	shed, attache	d, seized, or levied?			
	Creditor Name and Address	Describe the Property  Explain what happened	d	Date		Value of the property			
11.	Within 90 days before you filed for bankru accounts or refuse to make a payment bed  No Yes. Fill in the details.  Creditor Name and Address				action was	amounts from your Amount			
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a  ■ No □ Yes		erty in the possess	sion of an assigne	ee for the ben	efit of creditors, a			
Par	List Certain Gifts and Contributions								
13.	Within 2 years before you filed for bankrup  ■ No □ Yes. Fill in the details for each gift.	otcy, did you give any gift	s with a total value	e of more than \$6	00 per persor	1?			
	Gifts with a total value of more than \$600 per person	Describe the gifts		Date the g	s you gave jifts	Value			
	Person to Whom You Gave the Gift and Address:								
14.	Within 2 years before you filed for bankrup  ■ No □ Yes. Fill in the details for each gift or con		s or contributions	with a total value	of more thar	n \$600 to any charity?			
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)		u contributed		s you ributed	Value			

Part 6: List Certain Losses

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Case number (if known) 8:24-bk-12527 Debtor 1 Kristina Lynn Smith disaster, or gambling? Nο Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. ☐ No Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of Address transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You **Oaktree Law Attorney Fees** 10/14/2024 \$5,000,00 3355 Cerritos Ave. Los Alamitos, CA 90720 julie@oaktreelaw.com 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of **Address** transferred or transfer was payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. Nο Yes. Fill in the details. Person Who Received Transfer Description and value of Describe any property or Date transfer was **Address** property transferred payments received or debts made paid in exchange Person's relationship to you

No

Name of trust

Yes. Fill in the details.

beneficiary? (These are often called asset-protection devices.)

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a

Description and value of the property transferred

**Date Transfer was** 

made

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Par	t 8: List of Certain Financial Accounts, Ins	struments, Safe Deposit	Boxes, and Storag	e Units	
20.	Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, association No	r other financial accoun	its; certificates of o		, ,
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account o instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 y cash, or other valuables?  No	rear before you filed for	bankruptcy, any sa	afe deposit box or other depos	sitory for securities,
	Yes. Fill in the details.				
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acce Address (Number, Str State and ZIP Code)		cribe the contents	Do you still have it?
22.	Have you stored property in a storage unit o  ■ No □ Yes. Fill in the details.	r place other than your	home within 1 yea	r before you filed for bankrupt	cy?
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, Str State and ZIP Code)		cribe the contents	Do you still have it?
	t 9: Identify Property You Hold or Control				for or bold in tweet
23.	Do you hold or control any property that sor for someone.	neone eise owns? inclu	de any property yo	ou borrowed from, are storing	for, or noid in trust
	■ No □ Yes. Fill in the details.				
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prope (Number, Street, City, St. Code)		cribe the property	Value
Pai	t 10: Give Details About Environmental Info	ormation			
For	the purpose of Part 10, the following definition	ons apply:			
	Environmental law means any federal, state, toxic substances, wastes, or material into the regulations controlling the cleanup of these	ne air, land, soil, surface	water, groundwat	•	
	Site means any location, facility, or property to own, operate, or utilize it, including dispo		nvironmental law,	whether you now own, operat	e, or utilize it or used
	Hazardous material means anything an envi hazardous material, pollutant, contaminant,		is a hazardous was	ste, hazardous substance, toxi	ic substance,
Rep	ort all notices, releases, and proceedings that	at you know about, rega	rdless of when the	y occurred.	
24.	Has any governmental unit notified you that	you may be liable or po	tentially liable und	er or in violation of an enviror	nmental law?
	■ No □ Yes. Fill in the details.				
	Name of site	Governmental unit	i e	Environmental law, if you	Date of notice

Address (Number, Street, City, State and ZIP Code)

Address (Number, Street, City, State and

know it

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25.	На	ve you notified any governmental unit o	of any	release of hazardous material?						
		No Yes. Fill in the details.								
		ame of site ddress (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice			
26.	На	ve you been a party in any judicial or ac	dminis	trative proceeding under any env	rironi	mental law? Include settlements	and orders.			
		No Yes. Fill in the details.								
		ase Title ase Number		Court or agency Name Address (Number, Street, City, State and ZIP Code)		ture of the case	Status of the case			
Par	t 11	Give Details About Your Business o	or Coni	nections to Any Business						
27.	Wi	thin 4 years before you filed for bankru	ıptcy, d	lid you own a business or have a	ny of	the following connections to an	y business?			
		☐ A sole proprietor or self-employed	d in a t	rade, profession, or other activity	, eith	er full-time or part-time				
		☐ A member of a limited liability con	npany	(LLC) or limited liability partnersh	nip (L	_LP)				
		☐ A partner in a partnership								
		☐ An officer, director, or managing executive of a corporation								
		☐ An owner of at least 5% of the voting or equity securities of a corporation								
		No. None of the above applies. Go to	o Part	12.						
		Yes. Check all that apply above and f	fill in th	ne details below for each busines	s.					
	В	usiness Name	Des	scribe the nature of the business		Employer Identification number				
		Address (Number, Street, City, State and ZIP Code)		Name of accountant or bookkeeper		Do not include Social Security  Dates business existed	number or ITIN.			
		Gomez Property Rental		ntal buisness		EIN:				
		O BOX 1718 pland, CA 91785				From-To 2003-current				
28.		thin 2 years before you filed for bankru titutions, creditors, or other parties.	ıptcy, d	lid you give a financial statement	to aı	nyone about your business? Incl	ude all financial			
		No Yes. Fill in the details below.								
		ame	Dat	e Issued						
		ddress umber, Street, City, State and ZIP Code)								
Par	t 12	Sign Below								
are with	true a b	ead the answers on this <i>Statement of F</i> and correct. I understand that making pankruptcy case can result in fines up to C. §§ 152, 1341, 1519, and 3571.	a false	e statement, concealing property,	or o	btaining money or property by fra				
Kri	stiı	stina Lynn Smith na Lynn Smith ure of Debtor 1		Signature of Debtor 2						
Dat	е	October 17, 2024		Date						
Did □ N ■ Y	lo	attach additional pages to Your Staten	ment o	f Financial Affairs for Individuals	Filin	g for Bankruptcy (Official Form 1	07)?			
		orm 107 State	ement o	f Financial Affairs for Individuals Filing	for E	Bankruptcy	page			

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Debtor 1 Kristina Lynn Smith Case number (if known) 8:24-bk-12527

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?	
■ No.	

Official Form 107

Fill in this infor	mation to identify your case:		
Cebaor 1	Kristina Ljen Smith		*
Datator 2 Consult (Street)			
	PROJECT AND ADMINISTRATION OF THE PARTY OF T	DISTRICT OF CALIFORNIA	
Case rumber			Clarck Finis is an amended filing
Official Fo	Commence of the commence of th	or Individuals Filing for Bankruptcy	\$ NO22
Information. #	more space is needed, attach a sepa m). Answer every question.	erried people are filling together, both are repully respon erate sheet to this form. On the top of any additional pag	
I have read the are true and co with a bankrup! 18 U.S.C. §§ 15	snawers on this Statement of Finan- react. I understand that making a fak	edel Affairs and any attachments, and I declars under pe is a staturant, concealing property, or obtaining moviny o 50,000, or imprisonment for up to 20 years, or both.	nally of perjuny that the anathers or property by traud in connection
Kristina Lynn Signature of D		Signature of Debtor 3	
Date Octobe	or 3, 2024	Die	
Did you attach ( E No El Yes	additional pages to Your Statement	of Pinancial Affairs for Individuals Filing for Bankriptcy	(Official Form 107)?
Old you pay or: III No CI Yes: Hame o		n attermey to help you fill out bankruptcy fores? cy Pattion Preparer's Notice, Declaration, and Signature (Of	icial Form 119).

## Case 8:24-bk-12527-TA Doc 9 Filed 10/17/24 Entered 10/17/24 11:31:02 Desc Main Document Page 50 of 64

Fill in this infor	mation to identify your case:				
Debtor 1	Kristina Lynn Smith				
		Middle Name	Last Name	=	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	_	
		TRAL DISTRICT OF			
Officed States Da	ilikiupicy Court for the.	TRAL DISTRICT OF	CALII ORIVIA	_	
Case number (if known)	8:24-bk-12527				Check if this is an
(ii kiiowii)					amended filing
Official Fo	rm 108				
		sr Individu	ale Filing Under Cha	ntor 7	
Statemen	it of filterition it	iliaiviau	als Filing Under Cha	ipiei <i>i</i>	12/15
If you are an ind	ividual filing under chapter 7,	you must fill out th	is form if:		
creditors have	e claims secured by your pro	perty, or			
	sed personal property and the			lata aat fan tha	
			e your bankruptcy petition or by the d for cause. You must also send copies		
on the	form				
	eople are filing together in a join date the form.	oint case, both are o	equally responsible for supplying cor	rect informatio	n. Both debtors must
Be as complete a	and accurate as possible. If n	nore space is neede	ed, attach a separate sheet to this forr	m. On the top o	f anv additional pages.
	our name and case number (i		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
Part 1: List Yo	our Creditors Who Have Secu	red Claims			
1 For any gradit	are that you listed in Bort 1 of	f Sahadula Di Cradi	tors Who Have Claims Secured by Pr	onorty (Official	Form 106D) fill in the
information be	elow.		<u>,                                      </u>		, , , , , , , , , , , , , , , , , , ,
Identify the cr	editor and the property that is o		t do you intend to do with the propert res a debt?		you claim the property exempt on Schedule C?
Creditor's U	IS Bank	Пе	urrender the property.	<b>-</b>	No
name:	O Bullik		etain the property and redeem it.	<u></u>	NO
Description of	27591 Kathy Ct Laguna	■ Re	etain the property and enter into a		Yes
property	CA 92677 Orange Coun	+v	Reaffirmation Agreement.  Setain the property and [explain]:		
securing debt:			stain the property and [explain].		
Dort 2: Liet V	aur Unavaired Dereand Dran				
	our Unexpired Personal Prop ed personal property lease that		edule G: Executory Contracts and Unc	expired Leases	(Official Form 106G), fill
			d leases are leases that are still in effe stee does not assume it. 11 U.S.C. § 3		eriod has not yet ended.
•		•			
Describe your u	nexpired personal property le	eases		Will the	lease be assumed?
Lessor's name:				□ No	
Description of lea	ased				
i ropolty.				☐ Yes	
Lessor's name:				□ No	
Description of lease Property:	ased			☐ Yes	

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Debt	or 1 Krist	ina Lynn Smith	Case number (if known)	8:24-bk-12527
	or's name:			□ No
	ription of lea	sed		_
Prop	эпу:			☐ Yes
Less	or's name:			□ No
	ription of lea	sed		_
Prop	епу:			☐ Yes
	or's name:			□ No
	ription of lea	sed		_
Prop	erty.			☐ Yes
Less	or's name:			□ No
	ription of lea	sed		
Prop	erty:			☐ Yes
Less	or's name:			□ No
	ription of lea	sed		
Prop	епу:			☐ Yes
Part :	Sign B	elow		
		perjury, I declare that I have indica subject to an unexpired lease.	ted my intention about any property of my estate that se	cures a debt and any personal
X	/e/ Krietins	a Lynn Smith	X	
		ynn Smith	Signature of Debtor 2	
	Signature of			
	Date <b>O</b>	ctober 17, 2024	Date	
		-		<del></del>

Fill of this infor	rmation to identify your	case:		i d	
Pebkor 1	Kristina Lynn Smi				
Property (Street)	Fortiers				
Irdad Slates B	ankuptcy Court for the:	CENTRAL DISTRICT C	CALIFORNIA.		
aco number					
(Angua)				h	Check if this is an amended filling
tateme	nt of Intentio	n for Individu	uals Filing Und	der Chaptei	7 1215
	f parjury, I declare that I subject to an unexpired	have indicated my inte	ntion about any property o	A my action that see	ares a debt and any persons
	Wetne Sn	à L			
Kristina L		Agricular Colores Colores			
Signature o	yna Smith C Debler 1 - 1775 och stend C Debler 1 - 1775 och stend		Signature of De		

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$78	administrative fee
+ \$15	trustee surcharge
\$338	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses">http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses</a>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

B2030 (Form 2030) (12/15)

#### **United States Bankruptcy Court Central District of California**

In re	Kristina Lynr	ı Smi	itn		Case No.	8:24-DK-12527	
				Debtor(s)	Chapter	7	
	DIS	SCL	OSURE OF COM	MPENSATION OF ATTOR	NEY FOR DE	CBTOR(S)	
	compensation paid	to me	within one year before th	P. 2016(b), I certify that I am the attorned the filing of the petition in bankruptcy, co- lation of or in connection with the bank	or agreed to be paid	to me, for services reno	dered or to
	For legal servi	ces, I l	have agreed to accept		\$	5,000.00	
				eived		5,000.00	
	Balance Due				\$	0.00	
2.	The source of the co	ompen	nsation paid to me was:				
	■ Debtor		Other (specify):				
3.	The source of comp	ensati	ion to be paid to me is:				
	Debtor		Other (specify):				
4.	■ I have not agree	ed to s	share the above-disclosed	d compensation with any other person u	ınless they are mem	pers and associates of r	ny law firm.
5.	copy of the agre	eemen	at, together with a list of t	mpensation with a person or persons whethen ames of the people sharing in the condition to render legal service for all aspects	compensation is atta	ched.	v firm. A
	<ul><li>a. Analysis of the o</li><li>b. Preparation and</li></ul>	debtor filing of the	's financial situation, and of any petition, schedule debtor at the meeting of	d rendering advice to the debtor in deteres, statement of affairs and plan which recreditors and confirmation hearing, and	rmining whether to may be required;	file a petition in bankru	iptcy;
6.	Represer	ntatio		used fee does not include the following sony dischargeability actions, judic		es, relief from stay	actions or
				CERTIFICATION			
	I certify that the for cankruptcy proceedi		g is a complete statement	t of any agreement or arrangement for p	payment to me for re	presentation of the deb	otor(s) in
C	October 17, 2024			/s/ Julie J. Villalob	os		
	Date			<b>Julie J. Villalobos</b> Signature of Attorney			
				Oaktree Law			
				3355 Cerritos Ave. Los Alamitos, CA			
				(562)741-3938 Fax			
				julie@oaktreelaw.c	com		
				Name of law firm			

Case 8:24-bk-12527-TA

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B2030 (Form 2030) (12/15)

## United States Bankruptcy Court Central District of California

In re	Kristina Lynn Smith		Case No.	8:24-bk-12527	
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPE	NSATION OF ATTO	RNEY FOR DI	EBTOR(S)	
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2010 compensation paid to me within one year before the filing rendered on behalf of the debtor(s) in contemplation	ng of the petition in bankrupte	y, or agreed to be paid	to me, for services rend	ered or to
	For legal services, I have agreed to accept		<b></b> \$	5,000.00	
	Prior to the filing of this statement I have received		\$	5,000.00	
	Balance Due		<b></b> \$	0.00	
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3,. [	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
١.	■ I have not agreed to share the above-disclosed comp	pensation with any other person	n unless they are mem	bers and associates of m	y law firm.
	☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the national control of the state of the national control of the state of				firm. A
5.	In return for the above-disclosed fee, I have agreed to re	ender legal service for all aspec	cts of the bankruptcy c	ase, including:	
1	<ul> <li>Analysis of the debtor's financial situation, and render</li> <li>Preparation and filing of any petition, schedules, start</li> <li>Representation of the debtor at the meeting of credit</li> <li>[Other provisions as needed]</li> </ul>	tement of affairs and plan whic	ch may be required;		otcy;
5. ]	By agreement with the debtor(s), the above-disclosed fe Representation of the debtors in any dis any other adversary proceeding.	schargeability actions, jud		es, relief from stay a	ctions or
	Representation of the debtors in any dis	CERTIFICATION	dicial lien avoidanc	· • • • • • • • • • • • • • • • • • • •	
]	Representation of the debtors in any dis	CERTIFICATION	dicial lien avoidanc	· • • • • • • • • • • • • • • • • • • •	
this b	Representation of the debtors in any disany other adversary proceeding.  certify that the foregoing is a complete statement of an ankruptcy proceeding.  ctober 17, 2024	CERTIFICATION y agreement or arrangement fo	dicial lien avoidanc	· • • • • • • • • • • • • • • • • • • •	
this b	Representation of the debtors in any disany other adversary proceeding.  certify that the foregoing is a complete statement of an ankruptcy proceeding.	CERTIFICATION y agreement or arrangement fo	or payment to me for re	· • • • • • • • • • • • • • • • • • • •	
this b	Representation of the debtors in any disany other adversary proceeding.  certify that the foregoing is a complete statement of an ankruptcy proceeding.  ctober 17, 2024	CERTIFICATION y agreement or arrangement fo  Julie J. Villalobo Signature of Attorn Oaktree Law	or payment to me for respect t	· • • • • • • • • • • • • • • • • • • •	
this b	Representation of the debtors in any disany other adversary proceeding.  certify that the foregoing is a complete statement of an ankruptcy proceeding.  ctober 17, 2024	CERTIFICATION y agreement or arrangement fo  Julie J. Villalobo Signature of Attorn Oaktree Law 3355 Cerritos Av	or payment to me for response 263382	· • • • • • • • • • • • • • • • • • • •	
this b	Representation of the debtors in any disany other adversary proceeding.  certify that the foregoing is a complete statement of an ankruptcy proceeding.  ctober 17, 2024	CERTIFICATION y agreement or arrangement fo  Julie J. Villalobe Signature of Attorn Oaktree Law 3355 Cerritos Av Los Alamitos, C.	or payment to me for response 263382  ney  ve. A 90720	· • • • • • • • • • • • • • • • • • • •	
this b	Representation of the debtors in any disany other adversary proceeding.  certify that the foregoing is a complete statement of an ankruptcy proceeding.  ctober 17, 2024	CERTIFICATION y agreement or arrangement fo  Julie J. Villalobe Signature of Attorn Oaktree Law 3355 Cerritos Av Los Alamitos, C.	or payment to me for respectively.  Des 263382  Des 263382  Des 263382  Des 263382  Des 263382  Des 263382	· • • • • • • • • • • • • • • • • • • •	

Fill in this info	ormation to identify your case:	Check one box only as directed in this form and in Form
Debtor 1	Kristina Lynn Smith	122A-1Supp:
Debtor 2 (Spouse, if filing)		1. There is no presumption of abuse
	Bankruptcy Court for the: Central District of California  8:24-bk-12527	2. The calculation to determine if a presumption of abuse applies will be made under <i>Chapter 7 Means Test Calculation</i> (Official Form 122A-2).
(if known)	0.24-DR-12321	☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.
		☐ Check if this is an amended filing
Official F	Form 122A - 1	
Chapter	7 Statement of Your Current Mo	onthly Income 12/1
onapio.	7 Statomont of Tour Guiront inc	
Be as complete separate sheet t number (if know	e and accurate as possible. If two married people are filing togethe to this form. Include the line number to which the additional infor wn). If you believe that you are exempted from a presumption of al	r, both are equally responsible for being accurate. If more space is needed, attach nation applies. On the top of any additional pages, write your name and case buse because you do not have primarily consumer debts or because of qualifying Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.
Be as complete separate sheet number (if know military service	e and accurate as possible. If two married people are filing togethe to this form. Include the line number to which the additional infor wn). If you believe that you are exempted from a presumption of al	r, both are equally responsible for being accurate. If more space is needed, attach nation applies. On the top of any additional pages, write your name and case use because you do not have primarily consumer debts or because of qualifying
Be as complete separate sheet number (if know military service	e and accurate as possible. If two married people are filing togethe to this form. Include the line number to which the additional inform. If you believe that you are exempted from a presumption of all, complete and file Statement of Exemption from Presumption of All.	r, both are equally responsible for being accurate. If more space is needed, attach nation applies. On the top of any additional pages, write your name and case use because you do not have primarily consumer debts or because of qualifying
Be as complete separate sheet in number (if know military service.  Part 1: C  1. What is	e and accurate as possible. If two married people are filing togethe to this form. Include the line number to which the additional inform. In you believe that you are exempted from a presumption of all the complete and file Statement of Exemption from Presumption of all calculate Your Current Monthly Income	r, both are equally responsible for being accurate. If more space is needed, attach nation applies. On the top of any additional pages, write your name and case use because you do not have primarily consumer debts or because of qualifying
Be as complete separate sheet in number (if know military service)  Part 1: C  1. What is	e and accurate as possible. If two married people are filing togethe to this form. Include the line number to which the additional inform. In you believe that you are exempted from a presumption of at a complete and file Statement of Exemption from Presumption of A calculate Your Current Monthly Income  your marital and filing status? Check one only.	r, both are equally responsible for being accurate. If more space is needed, attach nation applies. On the top of any additional pages, write your name and case use because you do not have primarily consumer debts or because of qualifying abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.
Be as complete separate sheet in number (if know military service.  Part 1: C  1. What is Not in Marri	e and accurate as possible. If two married people are filing togethe to this form. Include the line number to which the additional inform. Include the line number to which the additional inform. Include the line number of which the additional inform. Include the line are exempted from a presumption of all complete and file Statement of Exemption from Presumption of Acalculate Your Current Monthly Income  your marital and filing status? Check one only.  married. Fill out Column A, lines 2-11.	r, both are equally responsible for being accurate. If more space is needed, attach nation applies. On the top of any additional pages, write your name and case use because you do not have primarily consumer debts or because of qualifying abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.
Be as complete separate sheet in umber (if know military service)  Part 1: C  1. What is Not n  Marri  Marri	e and accurate as possible. If two married people are filing togethe to this form. Include the line number to which the additional inform. If you believe that you are exempted from a presumption of at a complete and file Statement of Exemption from Presumption of Accurate Your Current Monthly Income  your marital and filing status? Check one only.  married. Fill out Column A, lines 2-11.  ied and your spouse is filing with you. Fill out both Column	r, both are equally responsible for being accurate. If more space is needed, attach nation applies. On the top of any additional pages, write your name and case use because you do not have primarily consumer debts or because of qualifying abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.  This A and B, lines 2-11.

6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse Your gross wages, salary, tips, bonuses, overtime, and commissions (before 0.00 all payroll deductions).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the

Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.

4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not

filled in. Do not include payments you listed on line 3. 5. Net income from operating a business, profession, or farm

Debtor 1 0.00 Gross receipts (before all deductions) 0.00 -\$ Ordinary and necessary operating expenses

0.00 Copy here -> \$ 0.00 Net monthly income from a business, profession, or farm \$

6. Net income from rental and other real property

,		Deb	otor 1
Gross receipts (before all deductions)	\$	0.00	
Ordinary and necessary operating expenses	-\$	0.00	
Net monthly income from rental or other real property	\$	0.00	Copy here -> \$

7. Interest, dividends, and royalties

2,100.00

0.00

0.00

0.00

12/19

#### Official Form 122A-1

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Kristina Lynn Smith Case number (if known) 8:24-bk-12527 Debtor 1 Column A Column R Debtor 2 or Debtor 1 non-filing spouse 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For your spouse\_\_\_\_\_ 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be 0.00 entitled if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.. 500.00 . family support 0.00 Total amounts from separate pages, if any. \$ 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for 2,600.00 2,600.00 \$ \$ each column. Then add the total for Column A to the total for Column B. Total current monthly Part 2: **Determine Whether the Means Test Applies to You** 12. Calculate your current monthly income for the year. Follow these steps: Copy line 11 here=> 12a. Copy your total current monthly income from line 11 2,600.00 Multiply by 12 (the number of months in a year) **x** 12 31,200.00 12b. The result is your annual income for this part of the form 12b. 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. CA Fill in the number of people in your household. 3 109,458.00 Fill in the median family income for your state and size of household. 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. 14a. Go to Part 3. Do NOT fill out or file Official Form 122A-2. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. 14b. Go to Part 3 and fill out Form 122A-2. Sign Below

#### Part 3:

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

#### X /s/ Kristina Lynn Smith

Kristina Lynn Smith

Signature of Debtor 1

### Case 8:24-bk-12527-TA Doc 9 Filed 10/17/24 Entered 10/17/24 11:31:02 Desc Main Document Page 61 of 64

Debtor 1 Kristina Lynn Smith Case number (if known) 8:24-bk-12527

Date October 17, 2024

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Deblor I	orthography (New York)	ra Lynn S				State of Street
Debtor 2		TE AT CONTROLICATE	Harley Tari			
(Speak, I May United State		los Court to		eni Maket	7.700 5.1	
Case numb					Saladina di Caraccione	

	ron IS.,					t en th			el 45	For		
100	2. Th	يو و		produ ion to be m	dele					in c		
Ó	3. Th	الوات المار و	257 25	(Office Face)	laj Po Iosas I	em ( set e,	ZZA. Pity r	t) web		J.	ı	

Clock if this is an amended filing

Official Form 122A - 1

Sign Below

Part 3:

Chapter 7 Statement of Your Current Monthly Income

12/19

If you checked line 14s, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Main Document Page 63 of 64 Attorney or Party Name, Address, Telephone & FAX Nos., FOR COURT USE ONLY State Bar No. & Email Address Julie J. Villalobos 263382 3355 Cerritos Ave. Los Alamitos, CA 90720 (562)741-3938 Fax: (888)408-2210 California State Bar Number: 263382 CA julie@oaktreelaw.com □ Debtor(s) appearing without an attorney Attorney for Debtor **UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA** In re: CASE NO .: 8:24-bk-12527 Kristina Lynn Smith CHAPTER: 7 **VERIFICATION OF MASTER** MAILING LIST OF CREDITORS [LBR 1007-1(a)] Debtor(s). Pursuant to LBR 1007-1(a), the Debtor, or the Debtor's attorney if applicable, certifies under penalty of perjury that the master mailing list of creditors filed in this bankruptcy case, consisting of 6 sheet(s) is complete, correct, and consistent with the Debtor's schedules and I/we assume all responsibility for errors and omissions. Date: October 17, 2024 /s/ Kristina Lynn Smith Signature of Debtor 1 Date: Signature of Debtor 2 (joint debtor) ) (if applicable)

/s/ Julie J. Villalobos

Signature of Attorney for Debtor (if applicable)

Date: October 17, 2024

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Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address Julie J. Villalobos 263382 3355 Cerritos Ave. Los Alamitos, CA 90720 (562)741-3938 Fax: (888)408-2210 California State Bar Number: 263382 CA Julie@oaktreelaw.com	FOR COURT USE ONLY
Debtor(s) appearing without an attorney  Attorney for Debtor	
	BANKRUPTCY COURT RICT OF CALIFORNIA
In re: Kristina Lynn Smith	CASE NO.: CHAPTER: 7
	VERIFICATION OF MASTER MAILING LIST OF CREDITORS
	[LBR 1007-1(a)]
Debtor(s).	4
with the Debtor's schedules and I/we assume all responsibil Date: October 3, 2024	consisting of 0 sheet(s) is complete, correct, and consistent
Date:	0
Date: October 3, 2024	Signature of Debtor 2 (joint debtor) ) (if applicable)
C4-00 XC5041 x XC5	Signature of Attorney for Debtor (if applicable)